

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
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4						
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9						
10	1					
11		1				
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50						
TOTAL IND.	3					
TOTAL DEP.	17					
TOTAL CLAIMS	20					

  

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